

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008027

1. Entity Name

HIDDEN LINKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

24301 WALDEN CENTER DRIVE SUITE 300
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DRIVE SUITE 300
BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE SUITE 300
BONITA SPRINGS FL 34134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FLINN, MILT
STREET ADDRESS 24301 WALDEN CENTER DRIVE SUITE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME GISLASON, ROBERT M
STREET ADDRESS 24301 WALDEN CENTER DRIVE SUITE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME FISHER, SUSAN C
STREET ADDRESS 24301 WALDEN CENTER DRIVE SUITE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE STD
NAME Renee Tiefenbach
STREET ADDRESS 24201 Walden Ctr. Dr. Ste 206
CITY-ST-ZIP Bonita Springs, Fla. 34134 ☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or state empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE MELOREND

4/18/02

941-949-3271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0050006